

MHN

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>08 CR 621</i></p> <p>Northern District of Ohio U.S. District Court Clerk of Court 114 James M. Ashley and Thomas W.L. Ashley United States Courthouse 1716 Spielbusch Avenue Toledo, OH 43604</p>		<p>B. Received by (Printed Name) <i>Deanna Cox</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) <i>7006 0100 0001 7313 4863</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>08 CR 621</i></p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

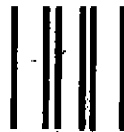
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

08 CR 621

FILED

AUG 25 2008 AEE
 8-25-2008
 MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT
 219 S. DEARBORN STREET
 CHICAGO, ILLINOIS 60604

RECEIVED

AUG 25 2008

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